

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 6 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41261

Do not use this space.

1. PLACE OF DEATH

(a) County Atchison Registration District No. 20
(b) Township Tarkio Primary Registration District No. 4014
(c) City Tarkio (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Tarkio, Mo. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 15 - 1941</u>		
7. AGE YEARS <u>—</u>	MONTHS <u>—</u>	DAYS <u>5</u>
If LESS than 1 day, <u>—</u> hrs. or <u>—</u> min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Infant</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tarkio, Mo.</u>		
13. NAME <u>Chas Warren Lee</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tarkio, Mo.</u>		
15. MAIDEN NAME <u>Mary Lucille Cook</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rock Port, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Chas W. Lee</u> <u>Tarkio, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Tarkio Home Cemetery</u> DATE <u>Mar 15, 1942</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. M. Harris</u> <u>Tarkio, Mo.</u>		
20. FILED <u>Mar 17</u> 19 <u>41</u> <u>17</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15, 1941

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) C. M. Hought, M. D.
(Address) Tarkio, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.